James Monroe Building
101 N. 14th Street, 12th Floor
Richmond, VA 23219
(804) 225-2136

Commonwealth of Virginia

Department of Human Resource Management
Office of Equal Employment Services

DISCRIMINATION COMPLAINT FORM

(Please read carefully.)

1. Complainant: _____ Soc. Sec. No.: _____

   Address: _____

   City or County, State, and Zip Code: _____

   Home Telephone: _____ Business Telephone: _____ Day Telephone: _____

2. Agency and individual that you believe committed the act(s) of discrimination:

   Name: _____

   If different, agency at which you are employed: _____

3. Complainant was discriminated against because of (check all categories in ***a*** through ***i*** that apply to the act(s) of discrimination):

   a. _____ **Race or Color** (Please check the racial or ethnic group with which you identify.)

   _____ **White (Not of Hispanic Origin)** – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

   _____ **Black (Not of Hispanic Origin)** – A person having any origins in any of the Black racial groups of Africa.

   _____ **Asian or Pacific Islander** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. The areas include, for example, China, Japan, the Philippine Islands, and Samoa.

   _____ **Hispanic** – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

   _____ **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

   b. _____ **Gender** (Please indicate gender.)

   male _____ female _____

   c. _____ **Sexual Harassment**

   d. _____ **Retaliation**

   e. _____ **Disability** (Specify the name of your disability and/or provide a brief description of its symptoms.)

   _____

   _____

   _____

   _____

   f. _____ **Age** (Please indicate your age.) _____

   g. _____ **National Origin** (Please indicate National Origin.)

   _____

   _____

   h. _____ **Religion** (Please indicate your religion or religious beliefs.)

   _____

   _____

   _____

   _____

   i. _____ **Political Affiliation** (Please indicate affiliation.)

   _____

4. When did the act(s) of discrimination occur? _____
   Date(s)

5. Briefly describe the act(s) of discrimination:
(Please include names, telephone numbers, and job titles of all persons involved in the discriminatory acts you describe.)

(Additional sheets may be attached.)

6. What relief are you seeking? _____

7. Have you filed a grievance concerning this matter? Yes ____ No ____

If "yes," please provide a copy of the grievance Form A and all associated documents. Briefly explain the status of the grievance.

8. Has this complaint been filed with any other Federal, State, or local investigative agency?

Yes ____ No ____ If "Yes," complete ***a–c*** below.

a. Agency: _____ Contact Person: _____

b. Address: _____ City, State, and Zip Code: _____

c. Telephone Number: _____ Date Filed: _____

9. Have you filed a lawsuit concerning this complaint in Federal or State court?

Yes ____ No ____ If "Yes," complete ***a*** and ***b*** below.

a. Name of Court: _____

b. Case Docket Number: _____

I affirm that the above information is true to the best of my knowledge, information, and belief.

Signature: _____ Date: _____

I also give permission to the agency against which I filed this complaint to release to the Office of Equal Employment Services any and all personnel records, including medical records, deemed necessary to investigate this case.

Signature: _____ Date: _____

FILING WITH THIS OFFICE DOES NOT PRECLUDE YOU FROM FILING WITH THE FEDERAL EQUAL EMPLOYMENT OPPORTUNITY COMMISSION OR OTHER FEDERAL AGENCIES.